

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90060 044 \*\*\*150.00

DOCUMENT # P97000101948  
1. Entity Name  
MIDWEST GEAR & DIESEL CO.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2807 Douglas Rd</u> Suite, Apt. #, etc. <u>400</u>		3. Mailing Address <u>2807 Douglas Rd</u> Suite, Apt. #, etc. <u>400</u>	
City & State <u>MIAMI FLA</u>		City & State <u>MIAMI FLA</u>	
Zip <u>33145</u>	Country <u>USA</u>	Zip <u>33145</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0802863</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name JOA-COVIES  
Street Address (P.O. Box Number is Not Acceptable)  
2807 Douglas Rd 400  
City MIAMI FL Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE [Signature] DATE 4/26/02  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>DE MENDONCA CLOVIS M JR</u> <u>2404 HOLLYWOOD BLVD</u> <u>HOLLYWOOD FLA 33120</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>CAMARHINA LUIS C</u> <u>2404 HOLLYWOOD BLVD</u> <u>HOLLYWOOD FL 33120</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V</u> <u>MENDONCA MARGARET</u> <u>2404 HOLLYWOOD BLVD</u> <u>HOLLYWOOD FLA 33120</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.  
SIGNATURE: [Signature] DATE 4/26/02 305 447 8801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)